

JACKSON/TETON COUNTY HOUSING DEPARTMENT APPLICATION FOR RENT DEFERRAL

This application along with required documentation must be completed and submitted no later than 4:00 pm on May 29, 2020.

Applicant Name
Co-Applicant Name
Mailing Address
Grove Unit # Email Address
☐ I am requesting deferred rent for the month of June
I would like to repay the deferred rent over \square 3 months \square 6 months \square 9 months \square 12 months
1. Have any income earners in your household been required to reduce work hours or otherwise suffered a loss of expected income due to COVID-19?
☐ Yes ☐ No Please explain (attach additional sheet if needed)
What is your current gross monthly household income? \$
Have you requested help from One 22? ☐ Yes ☐ No Please explain. Include any assistance you have received or not received (add additional sheet if needed)
3. Have you applied for Unemployment? ☐ Yes ☐ No If no, why not?
If yes: How much are you eligible to receive?
When will you begin receiving funds?
4. Have you looked for other employment? ☐ Yes ☐ No Please explain

4. Have you filed you	ır 2019 taxes?	□ Yes [☐ No If yes, will you	or have	you received	a refund?
☐ Yes ☐ No If yes, provide amount \$			If you have not filed, why not?			
5. If you own a small	business, are	you pla	nning to apply for a s	small bu	usiness loan ur	nder the CARES Act?
☐ Yes ☐ No If yes, ple	ease explain					
6. Have you contacte						
during the COVID-19	Crisis? Li Yes L	J NO PI	ease Explain			
EMPLOYER CONTACT	T INFORMATIO	ON (Inc	lude current, furloug	hed and	d laid off empl	oyment):
Employee Name	Business N	ame	Supervisor Name	Supe	rvisor Phone	Supervisor Email
ACCOUNTS (include	bank accounts	, invest	ments, and retireme	nt):		
Financial Institution			Account Number		Current Balance	

LIABILITIES

Lender or Creditor	Monthly Minimum Payment	Total Balance Due

Certification and Oath:

I/we, the undersigned applicants, understand that all information provided herein is private and confidential for the Housing Department or Housing Authority use only. I/we hereby affirm and state under oath that the foregoing information I/we provided for consideration and qualification in Jackson/Teton County Affordable Housing Department's Rent Relief program is complete, true, and correct, and that I/we, the undersigned applicant(s) hereby acknowledge that under Wyoming and/or federal laws and/or the Jackson/Teton County Housing Department Rules and Regulations I/we may be subject to civil and/or criminal penalties, including loss of housing, fines and imprisonment, for false application or any false statements made herein.

Signature of Applicant			
	Date		
Signature of Co-Applicant			
	Date		
State of Wyoming)) ss.			
County of Teton)			
Sworn to before me, the undersigned Notar day of,2020	y Public, by		this
WITNESS my hand and official seal:		SEAL	
Notary Public	_		

Authorization to Release Information

The undersigned applicant(s) hereby authorizes the Jackson/Teton County Affordable Housing Department and/or its authorized agents, full and complete access to any and all financial, legal and employment records, both personal and business related, held by any financial institution, accountant, governmental agency, and/or employer in connection with the consideration or administration of the Housing Department program or loan for which I/we have applied. I/we authorize the financial records involving transactions and/or employment records to be available to the Housing Department during the period of qualification and for three (3) calendar years thereafter without further notice or authorization. The Housing Department shall not disclose or release this information obtained to another government agency, entity, or individual without consent, except as required or permitted by law.

In addition, the undersigned applicants acknowledge that all records submitted as part of this application, or as supplement required for verification, will be retained by the Housing Department in compliance with its policies and procedures and for audit purposes. Should an applicant wish to withdraw his or her application and supporting documents for consideration at any time, a copy will be retained by the Housing Department for its files.

Applicant Signature	Date
Co-Applicant Signature	Date

REQUIRED DOCUMENTATION CHECKLIST

Please provide the following documents by May 29, 2020:
$\hfill\Box$ 2019 Tax Returns and W-2s (if not yet filed submit 2018 returns and W-2s and 2019 W-2s)
☐ Most recent check stubs from all employment
☐ Notice from employer of reduced hours, furlough or lay-off
☐ Most recent account statements for all accounts (Online print outs are acceptable)
☐ Current full Credit Report from AnnualCreditReport.com or CreditKarma.com
Self Employed or businesses submit the above along with the following:
☐ Current Year to Date AND Month to Date Profit and Loss for self-employed or business
☐ Current Balance Sheet for self-employed or business
☐ Two Years most recent tax returns (full document with all attachments)

ATTENTION!!

The Housing Department has notaries available that can notarize your documents digitally online during the COVID-19 crisis. Please contact the Housing Department for instructions. If you do not have the capability of using the online service, you may call the Housing Department and make an appointment.

Housing Department Phone: 732-0867